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County Borough of Wolverhampton Education Committee

Annual Report

of the Principal School Medical Officer

for the year 1970

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County Borough of Wolverhampton Education Committee

Annual Report

of the Principal School Medical Officer

for the year 1970

CENTRAL MEDICAL CLINIC,
RED HILL STREET,
WOLVERHAMPTON.

TO THE CHAIRMAN AND MEMBERS
OF THE EDUCATION COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

This report, for the calendar year 1970, has been compiled by Dr. N. A. Jevons, Senior Medical Officer for Schools.

The health of Wolverhampton's school children continues to be good and it might therefore seem that the school medical officers and school nurses should now be able to give more time to those pupils whose health merits attention. In fact this applies only in a limited number of cases as the demands of the minority with handicaps continue to increase because more can now be done for them. A point in mind in making this comment is that if the changes proposed for 1974 are implemented, the staffing position of the School Health Services must not be depleted.

There was no major epidemic of infectious disease among school children in 1970 but note was made of an increase in the number of cases of infective hepatitis (jaundice). Reference was made in 1969 to the use of immunoglobulin which successfully curtailed cases of this disease in a school. Comparable circumstances did not occur in 1970 and it was not possible to repeat this procedure. Head Teachers have been advised to emphasize to the teachers and their children the importance of toilet hygiene, but the disease can also be spread by coughing.

A new venture was the national introduction of a vaccine giving immunity against Rubella (German Measles). This was offered to all girls aged 13 in the calendar year. The response was only 29% and although it is satisfying to know that many parents understand the importance of the scheme we would like to have a much higher acceptance percentage. The cost of the scheme is trivial compared with the cost of maintaining at school and for life

a child who is deaf, blind, has a heart defect or a defect of intellect, any or more than one of which may be the result in some cases of rubella occurring during the early stages of pregnancy. All this of course in addition to the very sad human aspect.

The School Service continues to give importance to the medical aspects of communication—defects of sight, of hearing and of speech—and in Wolverhampton we are fortunate in being able to maintain at a very high level the investigation of these. Their continued investigation and study is essential to education.

Co-operation and understanding with our general practitioner and hospital colleagues is good and is based on mutual recognition of our respective roles. The services of the paediatric, aural and ophthalmic consultants who regularly visit the Central Medical Clinic at Red Hill Street are invaluable.

The report of the Chief Dental Officer, Mr. Awath-Behari contains so much of importance and interest that I feel I can do no more than commend its complete study to you. Although the statistics show limitations in the work there can be no doubt that Wolverhampton's School Dental Service must rank very high indeed in this country.

I wish to thank my colleagues in the School Health Service for their work and the Director of Education and his staff for their unfailing co-operation. Thanks must also be sincerely expressed to Head Teachers and their staffs.

We are grateful to you Mr. Chairman and Members of the Education Committee for your interest and support, genuinely appreciated.

Yours faithfully,

F. N. GARRATT,

Principal School Medical Officer.

October, 1971.

County Borough of Wolverhampton

SCHOOL POPULATION .. 50,776

School Health Service Staff, 1970

Principal School Medical Officer

F. N. Garratt, Ph.D., M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer

R. H. Browning, M.B., B.S., D.P.H.

Chief School Dental Officer

S. Awath-Behari, L.D.S., R.C.S., B.D.S., D.D.P.H., D.D.H.

Senior Medical Officer and Ophthalmologist

N. A. Jevons, L.M.S.S.A.(Lond.).

Senior Assistant School Medical Officers

Miss M. Ingham, M.B., Ch.B., D.C.H.

G. R. Davies, B.Sc., L.M.S.S.A.(Lond.).

School Medical Officers

Mrs. M. H. Braine, M.B., B.S., D.P.H., M.M.S.A., D.T.M. (part-time).

Miss M. E. C. McIntosh, M.B., B.Ch., D.C.H.

Mrs. M. Rugg-Easey, M.B., B.S., M.R.C.P. (part-time).

Specialist Officers (Part-time)

Consultant Aural Surgeon	G. O. Clark, M.B., Ch.B., F.R.C.S. (Edin.), F.R.C.S. (Eng.), D.L.O.
Consultant Paediatrician	H. W. Everley Jones, O.B.E., M.B., B.S., F.R.C.P.(Lond.).
Consultant Psychiatrist (Appointed by Birmingham Regional Hospital Board)	Miss K. Keane, M.B., B.Ch., D.R.C.O.G., D.P.H., D.C.H., D.P.M.
Consultant Ophthalmologists	P. Lambah, B.A., M.R.C.S., L.R.C.P., D.O.
	H. Campbell Orr, M.B., Ch.B. F.R.F.P.S., F.R.C.P.(Glas.).
	D. F. Woodhouse, B.M., B.Ch., F.R.C.S.(Eng.), D.O.
	B. R. Kesby, M.B., B.S., F.R.C.S.(Edin.), F.R.C.S.(Eng.), D.O.

Senior Speech Therapist

Miss M. A. Williams, L.C.S.T.

Speech Therapist

Mrs. H. M. Rawling L.C.S.T.

Senior School Nurse

Miss M. M. Farrell, S.R.N., S.C.M., R.F.N.

Senior Educational Psychologist

Mrs. H. J. Richardson, M.A., M.Ed.

Educational Psychologists

R. E. Swingler, B.A., Dip.Ed.(Psych.).

K. L. Tottman, B.A., Dip.Ed.(Psych.), (appointed 1.8.70)

Social Workers

Mrs. E. Bouwmeester

Mrs. G. H. Stanier

Chief Administrative Assistant—Miss L. M. Taylor, (appointed 1.10.70)

CLEANLINESS

The school nurses made 35,196 examinations of pupils in schools for cleanliness during 1970.

The parents of 1,649 pupils were notified that their children had nits or vermin in the hair. Notices under Section 54 of the 1944 Education Act were issued in some cases but legal proceedings under this section are limited to those in which notices have on a previous occasion been issued and where also the Authority's arrangements for cleansing have been used.

A Cleansing Assistant deals with the more heavily infested cases among school children and with young people, adults and children under school age referred by the Health Department. Although not the only source, the home is the commonest and most potent cause of infestation in school children and it is hoped that by making the services of the Cleansing Assistant available to whole families this objectionable condition may ultimately be eradicated.

Cases dealt with by the Cleansing Assistant:—

School children	22
Pre-school children	—
Adults	—

MEDICAL INSPECTIONS

All children in the entrant age group (aged 5) and specials in the leaver age group (age 14) were examined. The school nurses visited junior schools to test the sight and hearing of all pupils in the 8+ and 11+ year groups.

Vision

Children are tested at the age of five and thereafter every three years. Those with known visual defects are given more frequent tests. Grammar school pupils and educationally subnormal pupils are tested annually.

Hearing

The audiometricians tested the hearing of 7,224 children at the age of six years, using a pure-tone audiometer in the schools. Children who failed to attain normal standards of hearing were again tested at the school clinic and were seen by a school medical officer. Some of these children had only a temporary loss owing to a cold, or wax in the ears. Others were either referred to their general practitioner or to the specialist aural clinic. Of those who failed two audiometer tests 276 were referred to the aural clinic, representing 3.8% of the children tested.

The following table shows the percentage of children who were referred to the school aural clinic in previous years:—

1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
4.2%	2.2%	3.1%	2.9%	3.1%	3.7%	2.5%	1.8%	1.9%	2.0%	3.9%

Tuberculin Heaf Tests

These are carried out on all children at their first entrant examination at the age of five years. During 1970 there were 372 whose Heaf tests were positive, of whom 159 had already had B.C.G. vaccination. Investigations of positive reactors is done by the Consultant Chest Physician, the Director of the Mass Radiography Unit and the Paediatric Registrar at their three departments.

ARRANGEMENTS FOR TREATMENT

Pupils requiring treatment are referred either to their own general practitioner or to the appropriate school clinic. Urgent cases are referred to the hospitals when necessary.

Education Authority Medical Clinics

Central School Medical Clinic Red Hill Street	Medical Officers' Clinic	Monday, Wednesday, and Friday
,, ,,	Minor Ailments	Each week day; mornings.
,, ,,	Ophthalmic	By appointment
,, ,,	Speech Therapy	By appointment
,, ,,	Consultant Paediatric	Twice monthly; Wednesday afternoons
,, ,,	Consultant Aural	Twice monthly; Thursday mornings
Primrose Lane Clinic	Medical Officers' Clinic	Tuesday and Friday, afternoons
,, ,,	Minor Ailments	Monday, Wednesday, Friday mornings.
Brooklands Parade Health Centre	Medical Officers' Clinic	Wednesday mornings
,, ,,	Minor Ailments	Monday, Wednesday and Friday mornings.
The Cedars, Compton	Child Guidance Department	By appointment
Bilston Health Centre	Medical Officers' Clinic	Thursday mornings
,, ,,	Minor Ailments	Monday to Friday; mornings, 9—10 a.m.
,, ,,	Ophthalmic	By appointment
Olinthus Avenue	Ophthalmic	By appointment
Warstones Clinic	Minor Ailments	Tuesday afternoon

MEDICAL OFFICERS' AND MINOR AILMENTS CLINICS

The main purpose of these clinics is to provide facilities for conditions which do not require regular attendance at a child's family doctor's surgery or which, because they are connected with education, can be effectively dealt with by the school health service.

The minor ailments clinics, in charge of the school nurses, continues to treat between 20 and 70 children at each clinic daily. There was no change in the pattern of incidence of the conditions, minor injuries and the less serious septic lesions being, as before, frequent. Aural treatment on behalf of the consultant aural surgeon, and the treatment of verrucae have been regularly undertaken.

The medical officers' clinics were also busy. Head teachers referred cases through their education welfare officers for opinions on matters relevant to education—spasmodic attendance and prolonged absence for example.

The treatment of enuresis by the loan of an electric alarm device continues to be a valuable function of these clinics. Special arrangements have now been made for supervising these cases, some of which have been referred from hospital or from family doctors.

During 1970, 468 immigrant children were examined prior to school entry. Of those who had no evidence of having had B.C.G., 3 had +4 positive Heaf tests and 16 had +3 positives. These, together with 98 +2 and +1 positives, were referred to the New Cross Mass Radiography Unit.

B.C.G. was again offered to Asian immigrant children of all ages who were Heaf negative at the time of school entry.

Cases of trachoma were referred to the Eye Infirmary for treatment and were not admitted to school until cured. The consultant staff at the Eye Infirmary have endeavoured to examine other members of the households whenever cases of trachoma have been found.

Speech Therapy

This was undertaken by Miss M. A. Williams and Mrs. H. Rawling. Miss Williams also attended the Royal and New Cross Hospitals on four afternoons each week.

Number of children treated	425
Number of children discharged	76
Defects of articulation	383
Stammer	31
Cleft palate	11

Speech therapy was carried out at the Central Medical Clinic and at the three special schools.

Child Guidance Clinic

Number of new cases per year

1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
146	141	158	168	251	177	289	276	383	509	724

Waiting list on 31st December 1969	18
Number of new cases referred during 1970	724

SOURCE OF 1970 REFERRALS

Head Teachers	309
School Medical Department	54
Children's Department	61
Parents	27
General Practitioners	27
Education Welfare Department	21
Other Specialists	7
Remedial Teaching Service	4
Probation Department	9
Youth Employment Department	1
Health Visitor or School Nurse	6
Health Department	10
Inspector of Schools	3
Speech Therapist	3
Play Group Leader	–
Welfare Services	2
Deaf Unit	3
Consideration Panel	2
Other Authorities	1
	550
Screening of 8 year olds	174
TOTAL	724

Aural Clinic

This is held by Mr. Clark at the Central Clinic. The aural clinic deals with cases of suspected deafness picked out by routine audiometry at the schools. Cases requiring operation are referred to the Royal Hospital. Among those referred to the clinic were 155 pupils who failed to attain a satisfactory standard at audiometry and for whom the school medical officers considered a specialist opinion advisable.

Number of clinics held	27
Total attendances	404
New Cases seen	212

Ophthalmic Clinic

When a child is found to have defective vision his parents are notified and unless they wish to arrange for treatment otherwise than through the school health service his name is put on the clinic list. Spectacles are obtained from the optician of the parent's choice.

Ophthalmic clinics are held at Red Hill Street, Bilston, Wednesfield and Parkfields.

Paediatric Clinic

This is held by Dr. Everley Jones at the Central Clinic twice monthly.

It is a diagnostic clinic to which cases are referred by the school medical officers and medical officers of the Maternity and Child Welfare Department, and it provides a specialist opinion particularly where educational or child welfare matters are involved. The majority of cases are seen on one occasion only, those requiring further investigation being referred elsewhere. A copy of Dr. Everley Jones' report to the medical officer concerned is sent in all cases to the child's general practitioner.

Number of clinics held	24
Total attendances	170
New cases seen	78

INFECTIOUS DISEASES

Notifications, Wolverhampton School Children

	1964	1965	1966	1967	1968	1969	1970
Measles	374	545	394	823	727	553	601
Scarlet Fever	37	40	67	54	28	23	35
Diphtheria	—	—	—	—	—	—	—
Whooping Cough	29	14	39	53	8	5	45
Tuberculosis Respiratory	3	4	13	8	7	11	9
,, Meninges and C.N.S. ..	—	—	—	—	—	—	—
,, Other	2	—	1	1	—	1	—
Poliomyelitis	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—
Acute Encephalitis, infective	—	—	—	—	—	2	—
,, ,, post-infective ..	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	1
Paratyphoid Fever	—	—	—	—	—	—	—
Dysentery	—	1	3	4	3	2	2
Food Poisoning..	1	1	2	2	4	1	—
Erysipelas	—	—	1	—	—	—	—
Pneumonia	1	3	3	1	—	—	—
Infective Hepatitis	—	—	—	—	15	14	—
Infective Jaundice	—	—	—	—	—	—	37
	447	608	523	946	792	612	730

Prophylaxis

Immunisation is available against five diseases—diphtheria, tetanus, poliomyelitis, tuberculosis and rubella—as part of the school health facilities. Arrangements for protection when necessary against smallpox are made jointly with the Health Department.

A new feature made nationally available in 1970 was the introduction of vaccination against rubella (German Measles). This condition, if occuring early in pregnancy can produce serious effects on the developing foetus; among these defects are deafness, cataract, defects of intellect and defects of the heart.

Immunisation against rubella was offered to all girls aged 13 born in the calender year 1957 and of the approximate total of 2,500 girls 731 accepted. The vaccine used is live and gives a very mild modified attack of rubella but the immunity is believed to be lasting. Parental consent in all cases was obtained.

Diphtheria, Tetanus, Poliomyelitis

Immunisation in schools was continued for the age group, 5-6, and for other children when necessary.

	Diphtheria	*Diphtheria and Tetanus*	*Diphtheria Tetanus and Polio*	*Polio*	*Tetanus*
Number who completed first course	—	72	934	224	—
Number who received reinforcement injections	—	179	1,798	416	1
Total number of children immunised	—	251	2,732	640	1

Tuberculosis

Dr. M. Ingham reports as follows:—

In 1970 B.C.G. Vaccination against tuberculosis was offered to first and second year pupils in Secondary Schools in Wolverhampton. Consent forms were issued to 4,280 pupils and there were 3,822 acceptances (89%) and of these 2,418 were vaccinated. The proportion of children who were skin test positive was 25%. Many of these had had B.C.G. only 19% being positive due to naturally acquired immunity.

Those not vaccinated numbered 1,404 and comprised:—

Absent or unsuitable for testing	315
Skin test positive	844
Skin test not read	207
Skin test negative vaccination deferred	38

In addition sessions were held at School Clinics for (i) Immigrant children of school age; (ii) Absentees from Secondary Schools. A further 378 children were given B.C.G. at these sessions bringing the total number of B.C.G. Vaccinations in 1970 by Local Authority Medical Officers to 2,796.

Of the children who were skin test positive and referred for Chest X-ray three were kept under review. Two of these children have since had normal x-rays, one is still under review. No children were found in school in the age groups under review, who required hospital treatment for tuberculosis. One twelve year old immigrant child came to England from Hong Kong in December 1969 and was admitted to hospital in February 1970 with a tubercular lesion of the right upper lobe of the lung. She is now out of hospital and able to attend the language centre.

HANDICAPPED PUPILS

Penn Fields Day Special School

The 140 places for educationally subnormal boys and girls up to the age of sixteen were filled throughout the year.

Ryton Hall Residential Special School

Ryton Hall Special School continued to cater for the needs of 62 educationally subnormal boys aged 10 to 16. The boys came mainly from Wolverhampton, but there were also boys from other Authorities.

Opportunity is provided for these boys to live in a stable community that encourages their social, educational and emotional development.

Kingswood Residential School for Delicate Children

The 120 places for boys and girls from five to sixteen were filled throughout the year.

Kingswood School caters for children who come into the Department of Education and Science category of 'delicate'. They are not handicapped to the extent of needing the range of services or the attention provided at a school for the physically handicapped, but they are children whose well-being and development is aided in a definite and measurable degree by residence at a school for delicate children.

The swimming bath continues to be a major feature of the school's activities and the majority of the children can swim.

Physiotherapy was continued twice weekly by Mrs. Hollis of the Royal Hospital School of Physiotherapy assisted by two students of the school, working under her direction. This is another most valuable service.

The general practitioner to Kingswood School, Dr. J. P. Jackson, attended each week and he or his partners attended on other occasions as required.

Annual Report, 1970 of the Principal School Medical Officer

Addendum to Page 15

Westcroft Special School for educationally subnormal children was opened in September, 1970, with places for 100 pupils, ultimately to be increased to over 200 when the permanent premises are built. At present the school is housed in the former SS Mary and John's School, Snow Hill.

A School for 12 maladjusted pupils was opened in April 1970 in premises formerly occupied by Eastfield Secondary School. In this case also an increase in the number of places is planned.

Unit for Hearing-Impaired Children, Stowheath Infants School

This is an extension to Stowheath Infant School and consists of four teaching rooms, a central activity area and two rooms for audiometry and observation connected by a microphone and a one-way glass window. The activity area and rooms have induction loops so that children do not have to rely solely on the amplifying units attached to the desks.

As the Unit is connected to the Infant School its pupils are able to mix with children who have normal hearing.

The age range of the pupils is from two to eight years. They are mainly from Wolverhampton, but some are from our neighbouring County Boroughs and Staffordshire. About thirty children are on the Unit's register, but the actual number can vary and depends upon the proportion who attend part-time only. All are brought and taken home by special bus.

The full-time staff consists of three qualified teachers of the deaf and two assistants who are qualified nursery nurses. All are on the staff of Stowheath Infants School.

Admissions and transfers are considered by an admissions panel under the chairmanship of the consultant aural surgeon, Mr. Clark. In addition to receiving medical, educational and psychological reports the panel has audiographs available and is able to observe the child with his teacher.

The advantages of day education for the majority of hearing-impaired children are great and it is, of course, also less costly than residential education. In the absence of the Unit some children would achieve considerably less than their full potential if attending an ordinary school or would have to attend a special boarding school for their development to proceed along near-normal lines.

Home Tuition

This was provided for 1 child during 1970, the cause of his disability being as follows:—

Educationally subnormal	1

Education in Hospitals

Teaching each morning was continued at the Royal, New Cross and the Children's Hospital.

Notifications to the Local Authority

During 1970 there were 5 children who were found to be unsuitable for education at school. The Local Health Authority was informed in accordance with procedure under Section 57(4) of the Education Act, 1944, as amended by the Mental Health Act, 1959.

Hearing Aids

During the year 12 children were supplied with hearing aids.

Report on Physical Education

The Director of Education reports a year in which steady progress. has been maintained in various aspects of physical education. Two new primary schools were fully equipped with fixed and portable apparatus and new apparatus was provided at a number of existing primary schools. Nearly 3,000 children attended the Authority's Outdoor Pursuits and Field Work Centres on a residential basis. During the 1970 summer holidays play centres for junior children were organised at five schools and at a further five schools nearly 1,500 non-swimmers took part in the "learn-to-swim" scheme with a high success rate. In addition, the number of children gaining Local Authority Swimming Certificates during 1970 increased to 6,934 and 1,881 children gained survival awards.

PROVISION OF MEALS

This information has been supplied by the Director of Education.

1.	Number of School Kitchens	79
2.	Number of daily individual meals served to School children ..	27,362
3.	Percentage of children present in Schools were were taking:—	
	(a) School Meals	61%
	(b) School Milk	88%

DEATHS OF SCHOOL CHILDREN

Boys

Age	
10	Thalmic Neoplasm
13	Brain Injury (Fractured Skull)
6	Acute Leukaemia
9	Fallot's Tetralogy
13	Cardiac Failure
5	Measles Encephalitis

Girls

9	Acute Leukaemia
13	Cachexia
11	Acute Leukaemia
12	Leukaemia and Scepticaemia

ACKNOWLEDGMENT

The staff of the school health service are indebted to many individuals whose co-operation has been an important factor in the effective functioning of the service. Their support is gratefully acknowledged.

Particular mention should be made of the assistance given by the consultants connected with the school health service, whose advice and help have been of great value.

Form 8 M. (i)

MEDICAL INSPECTION AND TREATMENT

(Excluding Dental Inspection and Treatment—See Form 28M)

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1970

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1970—50,776

PART I.—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1966 and later			—	—			
1965	374	374	—	—	7	72	79
1964	1,025	1,025	—	—	42	181	223
1963	2,191	2,191	—	—	103	423	526
1962	151	151	—	—	12	48	60
1961	41	41	—	—	2	11	13
1960	35	35	—	—	1	12	13
1959	25	25	—	—	1	5	6
1958	21	21	—	—	—	6	6
1957	22	22	—	—	2	4	6
1956	21	21	—	—	5	6	11
1955 and earlier	29	29	—	—	3	11	14
TOTAL	3,935	3,935	—	—	178	779	957

Column (3) total as a percentage of Column (2) total..... 100%

Column (4) total as a percentage of Column (2) total..... —

TABLE B.—OTHER INSPECTION

Notes:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special Inspections	1,683
Number of Re-inspections	1,169
TOTAL ..	2,852

TABLE C.—INFESTATION WITH VERMIN

Notes:—All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	35,196
(b) Total number of individual pupils found to be infested	1,649
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1,649
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1970

PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS								SPECIAL INSPECTIONS	
		Entrants		Leavers		Others		Total			
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4.	Skin	64	20	—	—	7	2	71	22	286	20
5.	Eyes—a. Vision	178	30	—	—	—	—	178	30	26	7
	b. Squint	43	6	—	—	2	1	45	7	6	—
	c. Other	8	7	—	—	2	—	10	7	21	2
6.	Ears—a. Hearing	44	64	—	—	2	2	46	66	255	49
	b. Otitis Media	16	10	—	—	3	1	19	11	44	2
	c. Other	48	18	—	—	—	—	48	18	51	11
7.	Nose and Throat	90	123	—	—	7	9	97	132	70	2
8.	Speech	22	21	—	—	—	—	22	21	14	1
9.	Lymphatic Glands	1	—	—	—	—	—	1	—	7	1
10.	Heart	7	21	—	—	—	—	7	21	13	3
11.	Lungs	36	41	—	—	2	1	38	42	46	7
12.	Developmental—										
	a. Hernia	6	6	—	—	1	—	7	6	3	1
	b. Other	10	15	—	—	4	1	14	16	11	1
13.	Orthopaedic—										
	a. Posture	—	3	—	—	1	1	1	4	1	2
	b. Feet	19	14	—	—	9	2	28	16	41	4
	c. Other	26	—	—	—	15	5	41	5	51	4
14.	Nervous System—										
	a. Epilepsy	1	3	—	—	—	—	1	3	6	4
	b. Other	26	24	—	—	—	—	26	24	71	12
15.	Psychological—										
	a. Development	2	3	—	—	1	1	3	4	10	5
	b. Stability	4	7	—	—	2	—	6	7	76	2
16.	Abdomen	5	11	—	—	1	—	6	11	48	5
17.	Other	228	149	—	—	14	9	242	158	270	74

Form 8 M (iii)

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1970.

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Total numbers of:—

(i) cases treated or under treatment during the year by members of the Authority's own staff;

(ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and

(iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	26
Errors of refraction (including squint)	2,307
TOTAL	2,403
Number of pupils for whom spectacles were prescribed	1,222

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	Not Available
(b) for adenoids and chronic tonsillitis	,,
(c) for other nose and throat conditions	,,
Received other forms of treatment	,,
TOTAL	,,
Total number of pupils still on the register of schools at 31st December, 1970, known to have been provided with hearing aids—	
(a) during the calendar year 1970 (see note below)	12
(b) in previous years	63

A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	—
(b) Pupils treated at school for postural defects	—
TOTAL	—

TABLE D.—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm—(a) Scalp	3
(b) Body	2
Scabies	21
Impetigo	54
Other skin diseases	177
TOTAL	257

TABLE E.—CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	529

TABLE F.—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	425

TABLE G.—OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	3,693
(b) Pupils who received convalescent treatment under School Health Service arrangements	11
(c) Pupils who received B.C.G. vaccination	2,796
(d) Other than (g), (b) and (c) above. Please specify	
Immunisations (various):—	
Completed Courses	1,230
Re-inforcing Doses	2,392
Rubella Vaccinations	542
TOTAL (a)—(d)	10,664

SCREENING TESTS OF VISION AND HEARING

1. (*a*)	Is the vision of entrants tested as a routine within their first year at school?	Yes
(*b*)	If not, at what age is the first routine test carried out?	—
2.	At what age(s) is vision testing repeated during a child's school life?	8, 10, 13, 15
3. (*a*)	Is colour vision testing undertaken?	Yes
(*b*)	If so, at what age?	13+
(*c*)	Are both boys and girls tested?	Yes
4. (*a*)	By whom is vision testing carried out?	By School Nurses
(*b*)	By whom is colour vision testing carried out?	By School Nurses and Doctors
5. (*a*)	Is routine audiometric testing of entrants carried out within their first year at school?	No
(*b*)	If not, at what age is the first routine audiometric test carried out?	6+
(*c*)	By whom is audiometric testing carried out?	By Audiometricians

RETURN OF HANDICAPPED CHILDREN

PART I

During the calendar year ended 31st December, 1970—		Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	Total (11)
A How many handicapped children were newly assessed as needing special educational treatment at special schools or in boarding homes?	boys	3	1	1	1	3	—	—	19	—	—	28
	girls	1	—	2	3	1	—	—	7	—	—	14
B How many children were newly placed in special schools (other than hospital special schools) or boarding homes?												
(i) of those included at A above	boys	1	—	—	1	3	—	—	8	—	—	13
	girls	1	—	—	1	1	—	—	2	—	—	5
(ii) of those assessed prior to January 1970	boys	—	—	—	—	3	—	2	4	3	—	12
	girls	2	—	—	—	—	—	—	7	—	—	9
(iii) Total newly placed—B(i) and (ii)	boys	1	—	—	1	6	—	2	12	3	—	25
	girls	3	—	—	1	1	—	—	9	—	—	14

PART II

CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

During the calendar year ended 31st December, 1970,

(i) how many children were the subject of new decisions recorded under Section 57 of the Education Act, 1944? 5

(ii) how many reviews were carried out under the provisions of Section 57A of the Education Act, 1944? —

(iii) how many decisions were cancelled under Section 57A(2) of the Education Act, 1944? —

PUPILS AWAITING PLACES IN SPECIAL SCHOOLS OR RECEIVING EDUCATION IN SPECIAL SCHOOLS; INDEPENDENT SCHOOLS; IN SPECIAL CLASSES AND UNITS; UNDER SECTION 56 OF THE EDUCATION ACT, and BOARDED IN HOMES

As at 22nd January 1971			Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	Total (11)
A. How many children from the authority's area were awaiting places in special schools other than hospital special schools?													
(1) Under 5 years of age	(a) day places	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—
(i) waiting before 1st January 1970:—	(b) boarding places	boys	1	—	—	—	—	—	—	—	—	—	1
		girls	—	—	—	—	—	—	—	—	—	—	—
(ii) newly assessed since 1st January 1970:—	(a) day places	boys	—	—	—	—	2	—	—	—	—	—	2
		girls	—	1	—	—	—	—	—	—	—	—	1
	(b) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—
(2) Aged 5 years and over													
(i) waiting before 1st January 1970:—													
(a) whose parents had refused consent to their admission to a special school	(a) day places	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—
(b) Others	(a) day places	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	1	—	—	—	—	—	—	—	1
	(b) boarding places	boys	—	—	—	—	—	—	2	—	—	—	2
		girls	—	—	—	—	—	—	—	—	—	—	—
(ii) newly assessed since 1st January 1970:—													
(a) whose parents had refused consent to their admission to a special school	(a) day places	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—
(b) Others	(a) day places	boys	—	—	—	1	1	—	—	1	—	—	3
		girls	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—
(3). Total number of children awaiting admission to special schools other than hospital special schools—total of (1) and (2) above:—	(a) day places	boys	—	—	—	1	3	—	—	1	—	—	5
		girls	—	1	1	—	—	—	—	—	—	—	2
	(b) boarding places	boys	1	—	—	—	—	—	2	—	—	—	3
		girls	—	—	—	—	—	—	—	—	—	—	—

As at 22nd January 1971:—			Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	Total (11)
B How many pupils from the Authority's area were on the registers of:—													
(i) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained	(a) day	boy	—	6	2	5	16	—	—	161	—	—	190
		girls	—	2	2	5	7	—	—	96	—	—	112
	(b) boarding	boys	—	4	7	3	2	45	—	61	—	—	122
		girls	—	2	1	1	1	36	—	—	—	—	41
(ii) Non-Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated	(a) day	boys	—	—	—	—	7	—	—	18	—	—	25
		girls	—	—	—	—	3	—	—	13	—	—	16
	(b) boarding	boys	6	—	4	—	4	**3**	8	10	6	—	41
		girls	5	—	5	—	—	3	—	22	1	—	36
(iii) Independent schools under arrangements made by the authority. Totals to agree with the totals on Form 21bM	(a) day	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	--
	(b) boarding	boys	—	—	—	—	—	—	11	—	—	—	11
		girls	—	—	—	—	—	—	1	—	—	—	1
(iv) Special classes and units not forming part of a special school. Totals to agree with the totals on Form 21aM		boys	—	—	—	13	—	—	—	—	—	—	13
		girls	—	—	—	9	—	—	—	—	—	—	9
C How many children from the Authority's area were boarded in homes and not already included in B above. Totals to agree with the totals on Form 21cM.		boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—
D How many handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act 1944. Totals of (i) and (ii) to agree with the totals on Form 21dM.	(i) in hospitals	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—
	(ii) in other groups, e.g. units for spastics, etc.	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—
	(iii) at home	boys	—	—	—	—	—	—	—	1	—	—	1
		girls	—	—	—	—	—	—	—	—	—	—	—
E Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools; special classes and units; under section 56 of the Education Act 1944; and boarded in Homes. Totals of A(3); B(i) to (iv); C and D (i) to (iii) above		boys	7	10	13	22	32	48	21	252	6	—	411
		girls	5	5	9	15	11	39	1	131	1	—	217

School Dental Service 1970

Chief Dental Officer

Mr. S. Awath-Behari, L.D.S., R.C.S., B.D.S., D.D.P.H., D.D.H.

Area Dental Officers

Mr. C. M. Slater, B.D.S.
Mr. D. K. Chowdhury, L.D.S., D.P.D.
Mr. R. J. Southall, B.D.S.
Mr. B. K. Robinson, B.D.S.

Senior Dental Officers

Mr. M. M. Nousseir, L.D.S.
Mr. A. J. Whyman, B.D.S. (resigned 29.5.70)
Mrs. J. R. Jory, B.D.S. (resigned 30.9.70)
Mrs. R. Ronayne, B.D.S. (resigned 28.2.70)
Mr. P. D. Crossfield, B.D.S.
Mr. G. Mitchell, B.D.S. (from 6.7.70)
Mr. C. Dainty, L.D.S. (from 1.10.70)

Dental Officers

Mrs. J. Crossfield, B.D.S.
Miss S. Edgar, B.D.S. (from 27.7.70)
Mr. A. M. Griffin, B.D.S. (from 27.7.70)
Mr. Y. Sadiq, B.D.S. (resigned 30.4.70)
Mr. T. A. Kuyebi, L.D.S. (resigned 20.10.70)

Specialist Officers

Anaesthetists — Dr. M. M. Newby, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.
Dr. G. I. Villiers, M.B., D.C.H., B.A.O.

Orthodontist — Mr. T. G. N. Williams, B.D.S., D.Orth. (resigned 10.6.70)

Dental Auxiliaries

Miss R. Fisher
Miss E. Goodwin (resigned 10.8.70)
Miss S. Hudson
Miss M. E. Mackay (resigned 15.5.70)
Miss L. Rae (resigned 28.8.70)
Mrs. K. Rogers
Miss I. W. Titley
Miss L. J. Whitehouse (resigned 26.6.70)
Miss V. E. Bowman (from 3.8.70)
Miss J. M. Millington (from 7.9.70)
Miss R. Oakley (from 7.9.70)
Miss J. K. Payne (from 7.9.70)
Miss J. Williams (from 7.9.70)

Dental Technicians

In charge — Mr. W. Lintott, L.I.B.S.T.
*Mr. K. W. Cordingley (resigned 28.8.70)
Mr. E. Lloyd Jones
Mr. M. McGlynn (from 12.1.70)

*City and Guilds Certificate in Dental Technology

Assistant — Mrs. M. Riches

Senior Dental Surgery Assistant

Miss E. Lovatt

Dental Surgery Assistants—28

Receptionists—4

Secretary

Mrs. W. H. Hughes

Dental Clinics, 1970

Central Dental Clinic No. 1 Mobile Clinic	4 surgeries	Examination, Conservation and general dentistry. General anaesthesia Orthodontics Laboratory Administration
Primrose Lane	3 surgeries	Examination, Conservation and general dentistry. General anaesthesia.
Wednesfield	3 surgeries	
Bilston No. 2 Mobile Clinic	2 surgeries	
Oxley	2 surgeries	Examination, Conservation and general dentistry.
Brooklands Parade	2 surgeries	
Parkfields	3 surgeries	
Warstones	2 surgeries	
Park Lane	1 surgery	
Lea Road	1 surgery	
Penn	2 surgeries	

All clinics are equipped with X-ray facilities.

All Clinics, with the exception of the mobile clinics, undertake examination and treatment of maternity and child welfare patients.

Report of the Chief Dental Officer for 1970

The stable staffing position of the School Dental Service as reported in 1969 suffered a severe set-back in 1970. This was in relation to the Orthodontic service—Mr. T. G. N. Williams, full time orthodontist to the Service, who had gradually built up a very comprehensive orthodontic service, resigned his post to take up an appointment as Director of the School for Dental Auxiliaries in Jamaica. Mr. Williams first joined the Service 15 years ago and his devotion to his work was reflected in the personalized type of orthodontic service he built up for the children of Wolverhampton. His loss will be felt for a very long time and to find someone of his cailbre to replace him will prove difficult.

Added to Mr. William's resignation were those of two of our long serving dental auxiliaries, Miss Jean Whitehouse and Miss Lesley Rae. Miss Whitehouse had been with the Service for about 12 years, first as a dental surgery assistant and then as a dental auxiliary. She was appointed Senior Sister Tutor at the School for Dental Auxiliaries in Jamaica. Miss Rae saw six years' service in Wolverhampton before taking up a senior auxiliary post in Canada.

All the above posts were advertised nationally and internationally and it is very gratifying that the people selected came from the Wolverhampton School Dental Service. This however does not compensate for their loss as all three were very experienced and conscientious in their fields of work.

Apart from the above, three dental surgeons left the service for private practice, while two others moved to other local authority dental services. All the vacancies were filled immediately and six new dental surgeons joined the Service. Among these was Mr. C. Dainty, who had previously worked for us and after trying out other avenues of dentistry came back to the school service.

Two of our auxiliaries joined other local authorities and their places were immediately filled by girls recruited from the Auxiliaries' School. The number of dental surgery assistants leaving and joining

the Service was no different from the usual pattern. Among the Laboratory staff, we lost the skilled and experienced services of Mr. K. Cordingley, who left us to become a children's home superintendent with our authority. He was with the Dental Service for about nine years and in that time proved invaluable to us. It is ironical that people of Mr. Cordingley's calibre have to leave their profession to take up other forms of employment where the remuneration is better! One of the sore points these days about dental technicians and the poor recruitment to this field is the poor salary structure.

Six of our dental surgery assistants attended the course for the Certificate of Proficiency at the Wulfrun College and all were successful.

During the year 7,944 sessions (half days) were worked. Of these 7,178 sessions were devoted to treatment and 300 to dental health education. These figures give an overall increase of about 200 sessions over the previous year.

Dental examination of children carried out in schools and at clinics totalled 16,683 and visits to clinic for treatment of all types increased by just over 800 to 42,901. The number of children treated rose from 13,111 to 14,635 and the total number of courses completed amounted to 8,319. These figures indicate that the percentage of children treated in Wolverhampton was almost twice that of the national average of 17%.

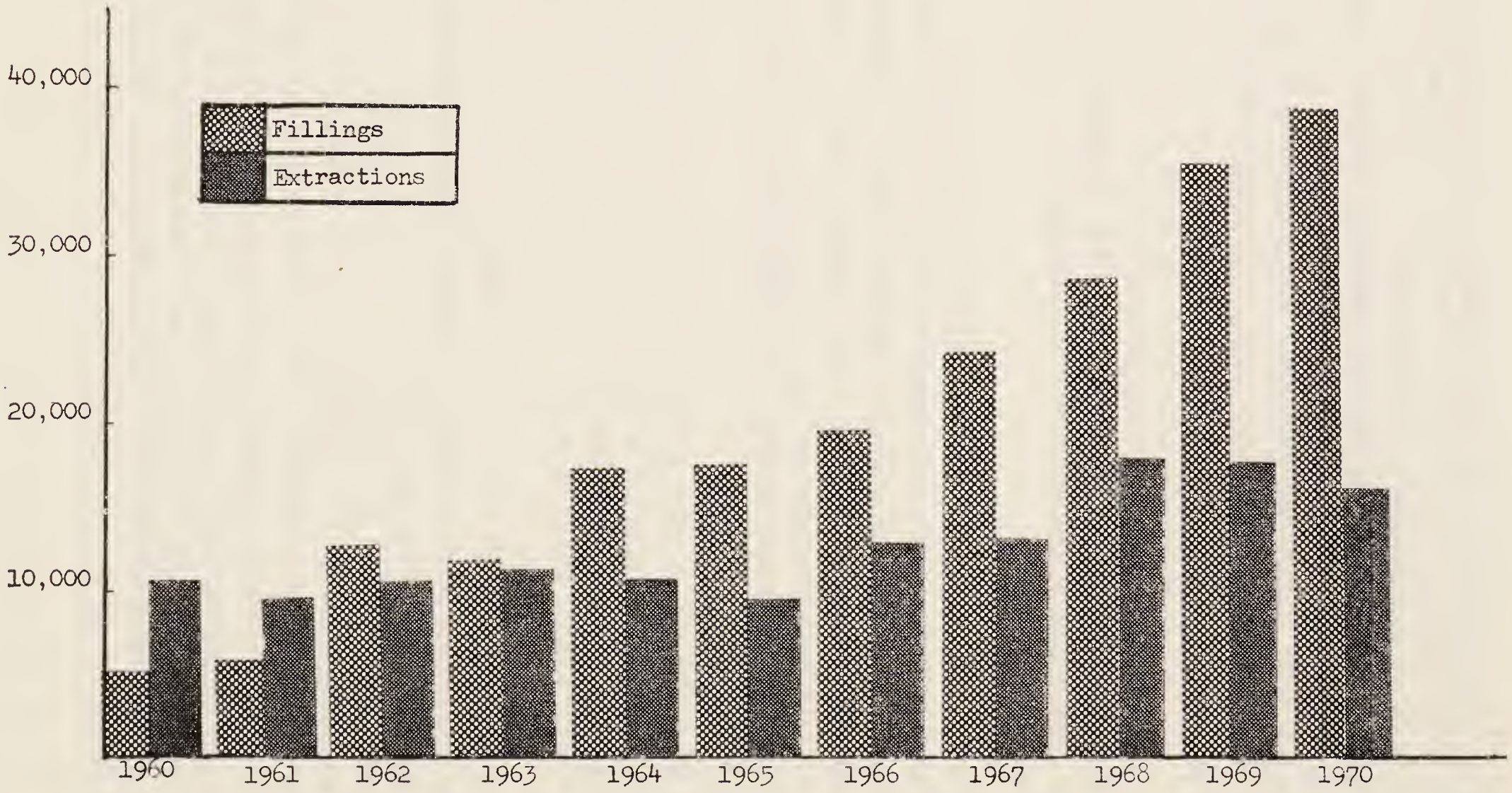
The number of fillings inserted in permanent teeth increased by 2,000 over the previous year to 28,190 and in deciduous teeth this rose by 1,000 to 10,711. The number of teeth extracted fell in each category. These figures again indicate that for every permanent tooth extracted 7 were filled while in the deciduous dentition this was one for one. However, as the Service runs a full time emergency service these figures are not truly representative. A reasonable estimate would be for every permanent tooth extracted about 12 would be filled and in the deciduous dentition this would be one extraction for every two filled. Either way these figures represent an increase over the national average.

The number of dentures supplied to children was almost the same as in the previous year. The demand for emergency treatment does not seem to abate and as a result 5,286 emergencies were dealt with. It is gratifying to note that despite the number of emergency cases dealt with the Service was able to improve on the amount of conservation work done in the previous year. The number of general anaesthetics administered for these cases and others totalled 5,967 which was less than in the previous year.

The demand for orthodontic treatment continued but with the loss of Mr. Williams the number of cases treated fell. Despite this 187 new cases were commenced, 552 removable appliances and 9 fixed appliances were fitted.

Looking at this report, or any report, in isolation does not indicate very much unless it is compared with figures for other years. I have taken the fillings and extractions figures (which constitute the major part of our work) for the Wolverhampton School Dental Service over the past 10 years and drawn a comparison. One can see at a glance from the chart (overleaf) the progress that has been made over the years.

To begin with the number of teeth extracted in the early 1960's was greater than the number of teeth filled. However, over the years the pattern has changed tremendously and the later years show the efforts being made to conserve teeth. This also indicates that the efforts of the Service to educate people dentally has been profitable and more and more people are opting for fillings rather than extractions, with the result that the fillings figures are twice the extraction figures for the latter half of the 1960's. The chart shows a rise for extractions after 1966 and this is solely due to the fact that with the boundary changes we took over anohter 28,000 children and they took advantage of our emergency service, previously not available to them. Had it not been for this influx of almost 50% of additional children our extraction figures would be probably half those shown in the chart. Despite this the chart shows a decrease over the last three years and it is hoped that this pattern of decreasing extractions and increasing fillings will continue.



FILLINGS/EXTRACTIONS FIGURES FOR 1960-1970 - WOLVERHAMPTON SCHOOL DENTAL SERVICE

Dental health education was again given a lot of impetus and followed the same pattern as in 1969. Apart from the usual methods of instructing children in the care of their teeth, the services of "Pierre the Clown" were utilized for a week's visit to infant and junior schools. This was Pierre's second visit to Wolverhampton and some 24 schools were included in the programme and about 6,500 children were instructed and entertained.

The Dental Health Education Award for 1970 was won by Moat House Primary School, Wednesfield. While the number of sessions devoted to dental health education had fallen in 1970 it was felt that a more concerted effort over a shorter period of time would achieve the best results.

The Service played its usual role in co-operation with the Careers Centre and taking part in various Careers Conventions in the town and career talks at schools on the various aspects of dentistry. It is now customary for the Dental Service to allow children interested in the various aspects of dentistry to spend some time at the clinics on an observational course.

The Service had its usual quota of visitors from abroad and from other local authorities. Dr. P. Crielaers, Scientific Dental Officer in the Department of Social and Preventive Dentistry at Amsterdam Dental Hospital visited us and the Joint Health Service Advisory Committee for the new development of Thamesmead sent two representatives to study our organisation and methods and the planning and design of our clinics and equipment.

The Chief Dental Officer attended a course at the University of Birmingham leading to the Diploma in Dental Health. For the second part of this Diploma he had to submit a dissertation relating to some aspect of the work of the Service and he chose to carry out a comparative study of dental conditions among 5 year old children in the different ethnic groups in Wolverhampton. Briefly, his findings showed that the dental decay rate was highest among English children and lowest in Negro children, with the Asian children in between. In gingival health and oral hygiene the Negro children again were best with the English children second, followed by the Asian children. It is hoped that soon large surveys on other aspects of dental health health and education will be undertaken.

One of the problems confronting the School Dental Service in Wolverhampton and in areas with immigrant children is the question of sickle cell anaemia and its relation to general anaesthesia. This problem is confined only to persons of Negro descent. Each day a number of West Indian children and expectant and nursing mothers present themselves for emergency treatment and this usually involves extractions under general anaesthesia. One of the problems confronting the Service was to determine whether or not they actually had the disease or merely had the trait. With the disease the anaemia usually becomes obvious because the person is ill or presents some definite symptoms. With the trait, however, the problem is complicated. The sickle cell trait is completely harmless and would evade diagnosis unless of course a screening test were performed. This screening is vitally important because if a person with this sickle cell trait is subjected to general anaesthesia without special precautions it is possible to precipitate intra vascular sickling. In view of this the Service has adopted a rigid method of screening each patient before administering general anaesthesia and those who present with the disease or the trait are referred to the hospital for further investigations and treatment. Where possible all children of negro descent are encouraged to have extractions with local anaesthesia.

Allied to this a haemoglobin estimation is carried out on all immigrants attending for general anaesthesia and it is remarkable that in the majority of cases the haemoglobin levels are fairly low. These patients are referred to their general practitioner for iron therapy.

In concluding this report I would like to express my appreciation to all sectional heads of the local authority services. The Wolverhampton School Dental Service cannot fulfil its functions and obligations as comprehensively as it does without the co-operation of other sections of the authority and in Wolverhampton we are extremely fortunate in receiving this co-operation and support, particularly from the Education, Health and Architect's Departments, in very good measure. Liaison with head teachers and their staffs continues at a high level and we are extremely grateful to them. The interest and support of the Chairman and members of the Education Committee is a constant source of encouragement and contributes in no small way to our progress.

DENTAL INSPECTIONS AND TREATMENT CARRIED OUT BY THE AUTHORITY

DURING THE YEAR ENDED 31st DECEMBER, 1970

Number of Pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special Schools in January 1970 as in Forms 7, 7 m and 11 schools 50,776

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	7,228	5,061	1,216	13,505
Subsequent visits	13,303	13,003	3,090	29,396
Total visits	20,531	18,064	4,306	42,901
Additional courses of treatment commenced	526	540	64	1,130
Fillings in permanent teeth	8,709	14,912	4,569	28,190
Fillings in deciduous teeth	9,645	1,066	—	10,711
Permanent teeth filled	6,441	12,690	3,994	23,125
Deciduous teeth filled	8,675	993	—	9,668
Permanent teeth extracted	989	2,367	694	4,050
Deciduous teeth extracted	9,991	2,383	—	12,374
General anaesthetics	3,888	1,820	259	5,967
Emergencies	3,343	1,517	426	5,286

Number of Pupils X-rayed	1,121
Prophylaxis	4,300
Teeth otherwise conserved	1,391
Number of teeth root filled	109
Inlays	4
Crowns	166
Courses of treatment completed	8,319

ORTHODONTICS

Cases remaining from previous year	450
New cases commenced during year	187
Cases completed during year	224
Cases discontinued during year	17
Number of removable appliances fitted	552
Number of fixed appliances fitted	9
Pupils referred to Hospital Consultant	0

PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first-time)	1	1	3	5
Pupils supplied with other dentures (first-time)	17	58	28	103
Number of Dentures supplied	20	60	38	118

ANAESTHETICS

General Anaesthetics administered by Dental Officers	496

INSPECTIONS

(*a*)	First inspection at school. Number of Pupils	1,523
(*b*)	First inspection at clinic. Number of Pupils	14,564
	Number of (*a*) + (*b*) found to require treatment	13,252
	Number of (*a*) + (*b*) offered treatment	13,252
(*c*)	Pupils re-inspected at school or clinic	5,385
	Number of (*c*) found to require treatment	3,431

SESSIONS

Sessions devoted to treatment	7,178
Sessions devoted to inspection	12
Sessions devoted to Dental Health Education	300

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